

EXHIBIT 9

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com				3. Number of Documents <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TO (Title Only)				4. <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> SW (Summer/Winter Swap)				5. <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> Address Change																											
1. Reg Eff Date				2. Reg Exp Date				5. Plate Type				6. Registration Number				7. Previous Title #				8. State																			
Registration/Vehicle Information																																							
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial																10. Vehicle Identification Number:																							
11. Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other																12. H 0 1 B W B 1 8 3 Y 1 0 7 3 9 0 1																							
13. Year				14. Make				15. Model Name				16. Model #				17. Body Style				18. Circle Color (s) of Vehicle				19. 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple				20. # of Cylinders/Passengers/Doors											
21. 2003				22. HD				23. FLSTC				24. T				25. MC				26. 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple				27. 2 2/ 0 /															
28. Transmission				29. Total Gross Weight (Laden)				30. Motor Power				31. X <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other				32. 21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil				33. If carrying passengers for hire, max no of passengers that can be seated:				34. If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No															
35. Automatic				36. Manual				37. 22. Owner 1 License #/State				38. 23. Owner 2 License #/State				39. 24. EIN/FID # (SEE INSTRUCTIONS)																							
Owner Information																																							
25. Owner 1 Name (Last, First, Middle)																26. Owner 1 Date of Birth																							
27. STANWOOD, JOANN M																28. 9/16/1960																							
29. Owner 2 Name (Last, First, Middle)																30. Owner 2 Date of Birth																							
31. City/Town Where Vehicle is Principally Garaged:																																							
32. Mailing Address																33. City																34. State				35. Zip Code			
36. 977 CRESENT ST																37. BROCKTON																38. MA				39. 02302			
40. Residential Address																41. City																42. State				43. Zip Code			
44. 3. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee																																							
45. 4. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee																																							
Signatures																Sales or Use Tax Schedule																							
46. I/we the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment or both.																47. Signature of Owner From Block 25 or 29. Also Print Name If Different																							
48. Signature of 2nd Owner From Block 27. Also Print Name If Different																																							
49. Authorized Dealer's Signature																50. 38. Dealer Reg No.																							
51. Seller's Name (Please Print)																52. CYCLE CRAFT COMPANY INC.																							
53. Seller's Address																54. 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149																							
Insurance Certification																THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREBY DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.																							
55. 11A. Policy Effective Date:																56. Policy Change Date:																							
57. 41B. Manual Class: 41C. Ins. Company & Code:																58. Insurance Co's Authorized Representative's Signature																							
Title Data																Fee Information																							
59. 42. Date of Purchase																60. 43. Odometer Reading																							
61. 8/01/2003																62. 10																							
63. <input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted																																							
64. 5. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained																																							
65. 5. Primary Salvage Title Brands:																66. 47. Secondary Salvage Brand																							
67. <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only																																							
Lienholder Information																																							
68. I certify that all liens on this vehicle are listed below																69. 48. Date of 1st Lien																70. 49. Date of 2nd Lien							
71. First Lienholder Code																72. 51. Name																							
73. 2. Lien Address																																							
74. 3. Second Lienholder Code																75. 54. Name				76. 55. Lien Address																			
77. H-D 0451																																							